UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

# NOTICE OF ALLOWANCE AND FEE(S) DUE

23373

7590

07/26/2005

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, N.W. SUITE 800 WASHINGTON, DC 20037

**EXAMINER** LEE, SUSAN SHUK YIN

PAPER NUMBER

ART UNIT 2852

DATE MAILED: 07/26/2005

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/700,768      | 11/05/2003  | Hiroshi Ishizuka     | Q78299              | 6327             |

TITLE OF INVENTION: IMAGE FORMING PROCESS AND IMAGE FORMING APPARATUS, ELECTROPHOTOGRAPHIC IMAGE-RECEIVING SHEET, AND ELECTROPHOTOGRAPHIC PRINT

| APPLN. TYPE    | APPLN. TYPE SMALL ENTITY |        | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------------------|--------|-----------------|------------------|------------|
| nonprovisional | NO                       | \$1400 | \$300           | \$1700           | 10/26/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### TAKED - PER(O) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** 

P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or Fax

| annropriate All further cor                                                                                                                                                                 | respondence including the loclow or directed otherwise                                                                                         | Patent advance or                                                                        | ders and notif                                                                                                                                                                                                  | PUBLICATION FEE (if req<br>fication of maintenance fees<br>a new correspondence addres                                                                                              | will be mailed to the current<br>s; and/or (b) indicating a sep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | correspondence address as                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                             | E ADDRESS (Note: Use Block 1 for 07/26/2005                                                                                                    | any change of address)                                                                   |                                                                                                                                                                                                                 | papers. Each addition                                                                                                                                                               | of mailing can only be used in this certificate cannot be used nal paper, such as an assignmente of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ent or formal drawing, must                                                                                                                           |  |
| SUGHRUE MIO<br>2100 PENNSYLV<br>SUITE 800<br>WASHINGTON, I                                                                                                                                  | N, PLLC<br>ANIA AVENUE, N.W                                                                                                                    |                                                                                          |                                                                                                                                                                                                                 | C I hereby certify that States Postal Service                                                                                                                                       | ertificate of Mailing or Tran<br>this Fee(s) Transmittal is bein<br>with sufficient postage for fi<br>ail Stop ISSUE FEE address<br>PTO (571) 273-2885, on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | smission  g deposited with the United  ret class mail in an envelope                                                                                  |  |
|                                                                                                                                                                                             |                                                                                                                                                |                                                                                          |                                                                                                                                                                                                                 |                                                                                                                                                                                     | · .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Depositor's name)                                                                                                                                    |  |
|                                                                                                                                                                                             |                                                                                                                                                |                                                                                          |                                                                                                                                                                                                                 |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Signature)                                                                                                                                           |  |
|                                                                                                                                                                                             |                                                                                                                                                |                                                                                          |                                                                                                                                                                                                                 |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Date)                                                                                                                                                |  |
| APPLICATION NO.                                                                                                                                                                             | FILING DATE                                                                                                                                    |                                                                                          | FIRST NAMED                                                                                                                                                                                                     | INVENTOR                                                                                                                                                                            | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONFIRMATION NO.                                                                                                                                      |  |
| 10/700,768                                                                                                                                                                                  | 11/05/2003                                                                                                                                     |                                                                                          | Hiroshi I                                                                                                                                                                                                       | shizuka                                                                                                                                                                             | Q78299                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6327                                                                                                                                                  |  |
| TITLE OF INVENTION: I<br>ELECTROPHOTOGRAPHI                                                                                                                                                 |                                                                                                                                                | ESS AND IMAGE                                                                            | E FORMING                                                                                                                                                                                                       | APPARATUS, ELECTRO                                                                                                                                                                  | PHOTOGRAPHIC IMAGE-R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ECEIVING SHEET, AND                                                                                                                                   |  |
| APPLN. TYPE                                                                                                                                                                                 | SMALL ENTITY                                                                                                                                   | ISSUE FE                                                                                 | EE                                                                                                                                                                                                              | PUBLICATION FEE                                                                                                                                                                     | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE DUE                                                                                                                                              |  |
| nonprovisional                                                                                                                                                                              | NO                                                                                                                                             | \$1400                                                                                   | )                                                                                                                                                                                                               | \$300                                                                                                                                                                               | \$1700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10/26/2005                                                                                                                                            |  |
| EXAM                                                                                                                                                                                        | IINER                                                                                                                                          | ART UN                                                                                   | IT                                                                                                                                                                                                              | CLASS-SUBCLASS                                                                                                                                                                      | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                       |  |
| LEE, SUSAN                                                                                                                                                                                  | SHUK YIN                                                                                                                                       | 2852                                                                                     |                                                                                                                                                                                                                 | 399-329000                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       |  |
| "Fee Address" indicat<br>PTO/SB/47; Rev 03-02 o<br>Number is required.                                                                                                                      | lence address (or Change of 022) attached. ion (or "Fee Address" Indica or more recent) attached. Use                                          | tion form<br>of a Customer                                                               | or agents C (2) the name registered a 2 registered listed, no n                                                                                                                                                 | nes of up to 3 registered pat-<br>DR, alternatively,<br>ne of a single firm (having as<br>attorney or agent) and the na<br>d patent attorneys or agents. I<br>aame will be printed. | a member a 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                       |  |
| 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in                                                                                                                        |                                                                                                                                                | low, no assignee o                                                                       | data will appe                                                                                                                                                                                                  | ear on the patent. If an assis                                                                                                                                                      | gnee is identified below, the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | document has been filed for                                                                                                                           |  |
| (A) NAME OF ASSIGNI                                                                                                                                                                         | EE                                                                                                                                             | (B                                                                                       | ) RESIDENC                                                                                                                                                                                                      | E: (CITY and STATE OR CO                                                                                                                                                            | DUNTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                       |  |
| Please check the appropriate                                                                                                                                                                | assignee category or categor                                                                                                                   | ies (will not be pri                                                                     | inted on the pa                                                                                                                                                                                                 | atent): 🔲 Individual 🚨 (                                                                                                                                                            | Corporation or other private gr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oup entity Government                                                                                                                                 |  |
| 4a. The following fee(s) are                                                                                                                                                                | enclosed:                                                                                                                                      |                                                                                          | . Payment of I                                                                                                                                                                                                  | • •                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       |  |
| Issue Fee                                                                                                                                                                                   | 11 - 25 - 25 - 2 - 20                                                                                                                          | ts.                                                                                      | A check in the amount of the fee(s) is enclosed.                                                                                                                                                                |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       |  |
| ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies                                                                                                        |                                                                                                                                                |                                                                                          | Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       |  |
| 5. Change in Entity Status                                                                                                                                                                  | (from status indicated above MALL ENTITY status. See                                                                                           | )                                                                                        | _                                                                                                                                                                                                               |                                                                                                                                                                                     | ALL ENTITY status. See 37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                       |  |
|                                                                                                                                                                                             |                                                                                                                                                |                                                                                          |                                                                                                                                                                                                                 |                                                                                                                                                                                     | sly paid issue fee to the applic<br>gistered attorney or agent; or t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                       |  |
| Authorized Signature                                                                                                                                                                        |                                                                                                                                                |                                                                                          |                                                                                                                                                                                                                 | Date                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       |  |
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| This collection of informatio<br>an application. Confidentiali<br>submitting the completed ap<br>this form and/or suggestions<br>Box 1450, Alexandria, Virgi<br>Alexandria, Virginia 22313- | n is required by 37 CFR 1.3 ty is governed by 35 U.S.C. plication form to the USPT for reducing this burden, sh nia 22313-1450. DO NOT \$1450. | 1. The information 122 and 37 CFR 1 D. Time will vary ould be sent to the EEND FEES OR C | n is required to<br>1.14. This coll<br>depending up<br>Chief Inform<br>COMPLETED                                                                                                                                | o obtain or retain a benefit by<br>lection is estimated to take 12<br>on the individual case. Any of<br>lation Officer, U.S. Patent an<br>FORMS TO THIS ADDRES                      | the public which is to file (and minutes to complete, including comments on the amount of the different of t | d by the USPTO to process)<br>ng gathering, preparing, and<br>me you require to complete<br>partment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |  |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

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| 10/700,768                  | 11/05/2003          | Hiroshi Ishizuka              | Q78299                  | 6327             |
| 23373                       | 7590 07/26/2005     | EXAMINER  LEE, SUSAN SHUK YIN |                         |                  |
| SUGHRUE M                   | •                   |                               |                         |                  |
| SUITE 800                   | LVANIA AVENUE, N.W. | ART UNIT                      | PAPER NUMBER            |                  |
| WASHINGTON                  | N, DC 20037         |                               | 2852                    |                  |
|                             |                     |                               | DATE MAILED: 07/26/2005 |                  |

### Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 202 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 202 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.